

Great Start Collaborative of Traverse Bay Strategic Plan



2016 - 2018



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I. A LETTER TO OUR COMMUNITIES

The vision of the *Great Start* initiative in Michigan is that every child arrives at the door to kindergarten healthy, safe and eager to succeed in school and life, with equal opportunity to achieve at her/his



highest potential. To realize this vision for every child, the Early Childhood Investment Corporation was formed in 2005 as a public-private partnership modeled after similar, successful economic development partnerships and charged with implementing a strong and locally responsive early childhood system. Since that time, Great Start Collaboratives and Great Start Parent Coalitions have developed throughout the state so that now every community can participate in systems-building and problem solving to help achieve this vision for all children.

Many people wonder why this focus on early childhood has recently emerged as a major state and national issue. The answer lies in the availability of new information. Research over the last thirty years is providing strong evidence for what some had thought all along—that the early years are a uniquely critical period of development. Advances in technology allow us to understand more and more about how the brain develops and functions, and to gain insight into how the experiences of early childhood influence behavior and relationships in school and throughout adult life. The evidence is compelling: The best way to prepare our children to become productive, engaged and happy adult citizens is to ensure that every child gets a great start in life. Action on our part is urgently needed if we do not want to leave another generation of talent and potential to chance.

The Great Start Collaborative of Traverse Bay (GSC) and Great Start Parents (GSP) have worked diligently to first understand the unique challenges families raising young children in northwest lower Michigan face, and then develop a plan to meet these challenges. Our regional solution, the 5toONE project, encompasses many local community-based and 5-county strategies that engage parents, caregivers and organizations in problem-solving and creating innovative solutions that are locally sustainable and represent collaborative decision-making. During the first year of implementation five 5toONE Neighborhood Centers and network nodes began serving families in four counties. This work was recognized internationally when the GSC and the Traverse City Area Chamber of Commerce/Venture North received the 2015 Regional Innovation Award from the Association of Chamber of Commerce Executives.

We invite you to explore this Strategic Plan to learn about the goals we've identified, the plans for achieving them in the time period covered by this plan, and to consider what role you might play in helping ensure a *great start* for all children. There are many ways you can be involved, from membership in the GSC and/or Great Start Parents, to participation on working groups, advisory committees or volunteering to help with specific events and activities. Please visit the GSC website www.greatstartkids.com for project updates and contact information.

This plan has been reviewed by the GSC Executive Team and accepted on behalf of the Collaborative.

GREAT START TRAVERSE BAY/MANISTEE COLLABORATIVE EXECUTIVE TEAM 2015 -16¹

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Betsy Hardy <i>Healthy Futures/Munson Health Care</i>	Candice Hamel <i>Great Start to Quality Northwest Resource Center</i>

¹ The composition of the GSC executive team has changed since the publication of this plan in September 2015. On October 1, 2015 Missy Carson Smith took over as Parent Liaison, replacing Robin Hornkohl who served as lead parent liaison since the GSC began in 2008. Also in October Robert Gluszewski returned as co-chair emeritus, replacing Steve Rawlings whose growing responsibilities at DTE Energy preclude direct participation with the GSC; he remains a friend and partner. On June 16, 2016 Kathleen Kundrat retired after 41 years with Head Start, 23 of them as NMCAA director of Head Start serving ten northern Michigan counties. Kerry Baughman replaced Kathleen as Head Start director and was seated on the executive team in August 2016; Kerry was the first coordinator of this GSC (2008 – 2009) before becoming the Early Head Start coordinator at NMCAA.

II. EXECUTIVE SUMMARY

Introduction

Our commitment to early childhood comes from a deeply-held belief that every child matters, and also from an economic development perspective on the impact that children and families have on community vibrancy and prosperity. Research from communities across the nation indicates that the presence of family-friendly community infrastructure plays an important part in decisions employers, and employees of choice, make about where to locate. The economic future of northwest Lower Michigan will depend on whether our communities are able to attract and retain the talented young workers—and their families—who will sustain, create and grow businesses in the area. Thus we can expect the investments we make today in building a strong and responsive early childhood system will pay dividends in the years ahead for our children, and for the children who come after them.

Overcoming Barriers

Five counties², nearly 2400 square miles with a population of approximately 175,000 people³, including a Native American sovereign nation, a five-county intermediate school district, three Department of Health and Human Services units, four health departments, five county collaboratives and 0 – 6 work groups... Sometimes simple geography and jurisdiction boundaries become barriers to inter-agency collaboration and limit families' access to services. In response to these and other challenges families raising young children face in rural northwest lower Michigan, the GSC and GSP undertook a major joint project to develop a model for regional collaboration that surmounts these barriers and creates a “no wrong door” environment for families seeking information, programs and services for young children. This innovative project, 5toONE, flourishes in part because it includes parent input at every level of decision-making, and also because it is grounded the capacities of our communities to support and nurture families.

Goals & Values

In May 2013 the Michigan Department of Education Office of Great Start (OGS) presented a plan for achieving the best possible outcomes for our children. As Governor Rick Snyder is quoted in the report *Great Start – Great Investment – Great Future*:

Our goal must be to create a coherent system of health and early learning that aligns, integrates and coordinates Michigan's investments from prenatal to third grade. This will help assure Michigan has a vibrant economy, a ready work force, a pool of people who demonstrate consistently high educational attainment, and a reputation as one of the best states in the country to raise a child .⁴

This Collaborative wholeheartedly supports the Governor's goal and the OGS plan for improving early childhood outcomes, and we invest our efforts and funding toward achieving it.

² See “About Us” at <http://www.tbaisd.org/> for an interactive map showing the GSC service area which includes all of Benzie, Grand Traverse, Kalkaska and Leelanau counties, the southern half of Antrim County, and small portions of Manistee and Wexford counties.

³ 2015 estimate: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml accessed August 29, 2016

⁴ http://www.michigan.gov/documents/mde/1_Great_Start_-_Great_Investment_-_Great_Future_-_FINAL_422080_7.PDF accessed September 14, 2015

The following shared Collaborative values serve as the guidebook along the path to achieving this goal. These values are based on deeply held beliefs about children, families and our work that surfaced during many conversations facilitated around the GSC/GSP table, through our work with consultants and parents in developing 5toONE, and through our own personal reflections. We recognized that systems-building challenges us to scale up for efficiency while at the same time remaining intensely focused on meeting each family “where they are” and understanding their needs and aspirations. We speak now more about “scaling to” rather than “scaling up”, having learned that we are most effective when we place the needs of the family ahead of the convenience of our organizations. Though there is still a long way to go, we are optimistic.

Collaborative Values

We seek to understand the experiences common to all families and to honor their diversity.

We are family-centered advocates for children.

We promote universal access to programs and services.

We promote parent leadership in the home, the workplace and the community.

We seek a common vision through 5toONE that serves all families.

Collaborative Membership & Community Partners

The Great Start Collaborative of Traverse Bay is a group of citizens who share these values and work on behalf of *all* families and young children in our region. Membership is open to all who care about young children. Current membership includes parents, caregivers and educators, business people, philanthropists, healthcare professionals, members of the faith community, elected officials and community leaders representing the cultural, social, economic and demographic diversity of our communities. The authentic voice of families with children with special needs, families with experience accessing community-based early childhood services, grandparents, foster parents and prospective parents is intentionally sought and forms the basis for action. Through membership in the Collaborative, as core members of the Great Start Parents, and by participation in Great Start working groups and advisory groups, people and organizations are empowered to share their wisdom and expertise with each other and with the larger community.

Great Start Parents

The authentic voice of parents is fundamental and essential to the work of the Collaborative. At the state level, the parent group is known as the Great Start Parent Coalition, but in our region the parent group chose to drop the word “coalition” and focus on “parents” as the defining word for their organization. There is another significant characteristic of Great Start Parents (GSP) which distinguishes the group from some others around the state—they are fully integrated with the Collaborative through shared planning, agenda and funding. From this point forward in the Strategic Plan when we use the term Collaborative we are referring to the combined GSC and GSP unless otherwise noted. Membership in the GSP is open to any parent, grandparent or guardian of a child age birth to twelve.

Based on a review of the research on authentic parent voice and discussions with leaders in parent engagement, the Collaborative adopted a model for parent leadership and prioritized investments of effort and funding to move more parents from involvement to engagement. When 5toONE Neighborhood Centers launched in 2014, new community-based opportunities for parents to develop leadership skills and to have greater impact locally and regionally emerged. With Collaborative support, parents and Neighborhood Center host organizations are learning and working together to benefit children and families.



In 2016, the Office of Great Start offered this summary of the four purposes for the Coalitions:

Figure 1: Parent leadership model

1. Provide a “customer” perspective for the Great Start Collaborative
2. Educate community members about the importance of early childhood
3. Support the Great Start Collaborative’s work toward achieving Michigan’s early childhood outcomes
4. Provide information, education, and resources to parents raising young children

Strategic Plan Development

The members of this Collaborative and our community partners have been engaged in an on-going process of strategic planning since 2013 through our work on 5toONE. The goals and strategies outlined in this plan have emerged from analysis of current data, shared community needs assessments, facilitated planning sessions at Collaborative meetings, and the work of our 5toONE consulting team. Numerous community stakeholders, including parents, have contributed to the review process through informal conversations and facilitated group discussions, most recently through parent advisory groups at 5toONE Neighborhood Centers. This strategic plan is, therefore, both a guiding document and a vital component of our collective work, responsive to the changing needs of our communities.

Progress

This strategic plan is the third three-year plan in the life of this GSC. Since the first plan was published, this GSC has made progress in developing a responsive network and addressing some of the most pressing needs of the families in our five-county region. The GSC has also formed new partnerships with business, philanthropy and the faith community. For example, Traverse Bay Area Intermediate School District (TBAISD) made significant organizational and policy changes that enhance early childhood programming and services:

- After a two-year pilot testing the effectiveness of a Department of Early Childhood, all early childhood specialists are now organized within a single department under a director who reports to the Superintendent;

- Kindergarten Round Up has expanded to public and private districts in the TBAISD jurisdiction, providing local data on rates of kindergarten readiness and parent engagement
- Great Start Readiness Program (GSRP) expansion has increased the number of blended classrooms where Head Start, GSRP and tuition-based programs meet the needs of families

The Traverse City Area Chamber of Commerce, which partnered with TBAISD to create the GSC in 2008 and provides staffing and coordination for the GSC, has also made significant organizational changes that promote investment in early childhood. The GSC is now housed within Venture North Funding & Development, the economic development arm of TraverseCONNECT, parent organization of the Chamber. This change brings new focus and opportunity to promote investment in early childhood as a driver of economic prosperity. This unique perspective and collaboration was recognized when the GSC and Venture North were honored with the Association of Chamber of Commerce Executives’ 2015 Regional Innovation award.

There are numerous examples of new collaborations, new funding and new approaches to the challenges of parenting in rural communities. From a parent group that successfully made the parks in their community smoke-free to the creation of new childcare options for students parents at our community college, people are having an impact on the quality of early childhood in our communities. The GSC is proud of the work caring people and committed partners are achieving, and of our role in making it possible for the community to act.

Shared Priorities and Shared Work

It is often said that it takes a village to raise a child. As the examples above show, our “villages” are committed to their children. However, a child does not exist in isolation from her/his family. One of our core values is that parents are a child’s first and best teacher, which led us to create a paraphrase: *It takes a village to support the parents who raise the child.*

The Great Start early childhood system is made up of five components, illustrated by the colored circles in figure 1. Three of these components focus on direct services and programs to serve children: early care and learning; social/emotional development; pediatric and family health. The remaining two components focus on parents and families: parent leadership and family support. These system components do not exist in isolation; they are part of a larger picture which is our vision for all children in Michigan. For this vision to be realized, we must recognize the realities of what it means to make a difference in the lives of families living and working in a five-county region with multiple community health and human services, legislative, legal, and educational jurisdictions.



Figure 2: Early Childhood system components and the 4 outcomes.

Shared priorities are goals we all agree upon, but understand that political and/or organizational boundaries prevent us from working on them together. While, in time, those boundaries may fade, for the present we agree to seek ways to support each other’s work and to assist families in taking advantage of shared resources to improve outcomes for children. The six goals address the needs of families for childcare, preschool, access to screenings and early interventions, parent education and other critical needs as they exist in various communities, counties and jurisdictions.

Shared work, on the other hand, are goals that cut across boundaries and have the potential to unite the Collaborative in achieving them. The six goals in shared work include efforts to share data, communicate a consistent and compelling message, develop sustainable funding, and empower authentic parent voice. The remaining two shared goals are being advanced with additional community resources.

5toONE: Engage –Innovate - Sustain

We hold a collective vision of an early childhood system that meets the needs of all families living in small communities in rural areas. The systems models that are known to be effective and efficient in urban settings

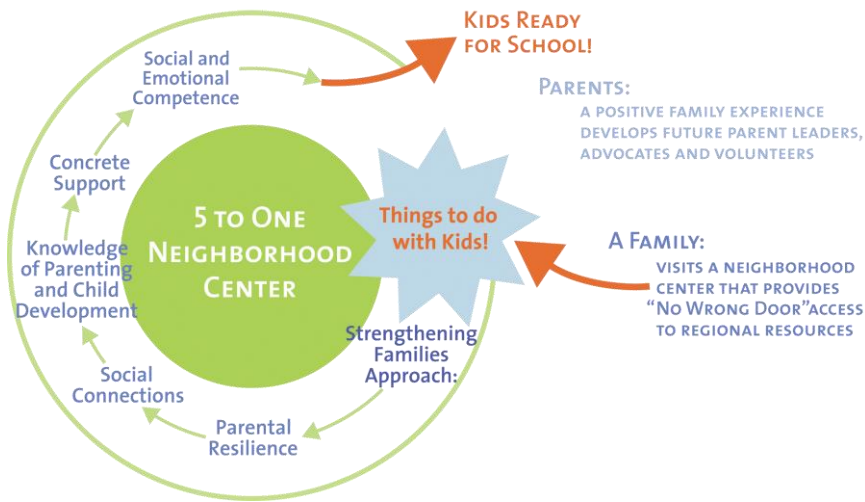


do not transfer to rural communities where distances are large, communications infrastructure is inconsistent, and average population density is low. This is not a new finding, indeed the idea has been discussed many times over the years, but in 2011 the GSC circulated a concept paper which inspired the community. In 2012 the GSC issued a national Request for Proposals for a team to develop what was at the time called the *Great Start for Success Network*. We selected a team of four consultants, three of whom came from the for-profit world and the fourth, the early childhood systems expert, was nationally respected for her work at the non-profit Mahalia Jackson Center in New Orleans.⁵ Through the early steps of the project, we expected that the plan would call for a network of providers and a centralized hub. However, a survey of parents across the region refocused the project in an unexpected and – as it turns out – extraordinarily unique way. Parents and caregivers told us the biggest challenge they face raising their young children in our rural region is finding meaningful things to do with their children, close to home where they can make connections and get to know other parents. This insight, along with other information, led to the development of a strikingly different model that contained three parts: Neighborhood Centers housed within existing community organizations; a regional network to connect Centers and families; and, finally, a hub to provide intensive services when needed and to act a “battery” to “charge” the network. With the 2014 launch of 5toONE, much of our work as a GSC has been directed toward leveraging as much support and connectivity as we can for each Neighborhood Center, listening closely to what parents are telling us and our partners, and learning to be responsive to needs as they are expressed within communities.

Strengthening Families: a Framework for Community Engagement

⁵ The “5 to 1” project report and timelines are available at www.greatstartkids.com, the Collaborative’s website.

In previous strategic plans, a Parent Leadership component goal included adoption of the Strengthening Families Framework as the preferred method of community engagement and to promote the Protective Factors throughout the five-county region⁶. Since 2011 members of this GSC



have been involved at the state and national level with the Children’s Trust Fund and the Center for the Study of Social Policy to develop the expertise and experience necessary to begin implementation of the Framework and to provide training in Strengthening Families for communities in northwest lower Michigan. A regional Strengthening Families working group formed in 2012 after a team of Collaborative

members attended an intensive train-the-trainer program with national experts, and the goals related to the Framework were moved to the shared work agenda to encourage universal adoption of the framework⁷. 5toONE is grounded in Strengthening Families; training is provided for staff and volunteers of Neighborhood Center host organizations so that Five Strengths can be nurtured in all families.

ABLE Change⁸

Michigan State University System exChange Evaluation team conducted two state-wide evaluations of Great Start Collaboratives and Great Start Parent Coalitions (in 2010 and 2012) based on a theory of systems change known as the *Community Problem Solving Model*. In this model, collaboratives pass through four stages along the path to achieving a population-level goal. Levers for change are the strategies collaboratives employ to create systems change. According to the 2012 report, this Collaborative is effectively activating all but one of eight levers—“strong relational networks.”⁹ According to the evaluation, “Strong relational networks easily exchange information, coordinate services and share resources across various agencies in the community.” This evaluation result is consistent with the challenges we face and the priorities we’ve identified. While it is often said that change is never easy, the ABLe Change framework provides tools and support for community engagement. We are committed to using data and all the tools available to make northwest lower Michigan the best place in the world to live, work and raise a family.

⁶ See the Center for the Study of Social Policy www.cssp.org for a complete discussion of Strengthening Families and the Protective Factors. Leelanau Children’s Center in Leland, MI was one of twenty-two sites studied in the national evaluation study that led to the development of the Framework. LLC is a member of the GSC and continues to provide leadership in authentic parent voice and early care and learning best practices.

⁷ Participation in the working group is open to anyone interested in learning more about Strengthening Families, Framework implementation, and/or developing strategies to help families acquire the Protective Factors.

⁸ <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ABLE%20Framework.pdf>

⁹ The 2012 MSU Evaluation Executive Summary is available at www.greatstartkids.com

Looking Ahead

There is much work to do as we move into the final phase of 5toONE implementation and contemplate the work beyond. While Neighborhood Centers have proven to inspire more community spirit than we could have imagined, the data show us that many questions remain. How can we best support maternal and infant health prenatally? How can we maintain our perinatal health care system when obstetrical units in small rural hospitals close because they can't afford to stay open? Why is our maternal smoking rate so high, and what can we do about it? How can we smooth the transition from early care to kindergarten, so children are ready for school and schools are ready for children? These questions, and so many others, are opportunities for engagement and innovation. We're ready – will you join us?



AERIAL VIEW OF TRAVERSE CITY LOOKING EAST TOWARD ANTRIM COUNTY

III. GREAT START COLLABORATIVE

PROFILE & HISTORY

The Traverse Bay Great Start Collaborative was formed in May of 2008 after receiving funding from the Early Childhood Investment Corporation (ECIC). The five county community including Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau County, was excited for the new opportunity to enhance their collaborative skills and partnerships around early childhood issues. The Traverse Bay Area has had a long-standing commitment to work in the interest of young children and their families. These collaborative efforts took many forms including partnerships formed around All Students Achieve Program Parent Involvement in Education (ASAP-PIE), the Traverse Bay Early Childhood Consortium, and the Poverty Reduction Initiative Early Childhood Workgroup. In addition, each of our county-based community collaborative councils supported working subcommittees addressing the needs of young children.

The past collaborative work was supported greatly by the efforts of local early childhood professionals, K-12 educators, and health and human service staff. The Traverse Bay Great Start Collaborative built upon this foundation and added membership from business, faith, philanthropy, and government. Additionally, there was a strong focus on including parents of young children from across the region to ensure that parent input would be central to all the discussions. Representation was targeted to include underserved and minority populations as well as geographic diversity. In accordance with the Investment Corporation stipulation, each required membership area was filled including: the Intermediate School District superintendent, public health, human services, community mental health, local hospitals, family court, Early On, Zero to Three Secondary Prevention, Regional 4-C Association, Head Start, Michigan School Readiness, licensed childcare centers, elementary principals, and local elected government. These partners committed to the establishment and maintenance of a strong early childhood system in the Traverse Bay Region that would meet the needs of *all* children from birth to age five and their families. The Executive Director of the Chamber of Commerce and the Intermediate School Superintendent led our initial efforts as co-chairs of the Collaborative.

In June 2008 the Collaborative hired a Coordinator and a Parent Liaison to steer the work of the Great Start Collaborative and Parent Coalition. Parent Consultants were contracted in each of the counties to further ensure the presence of parents at the Collaborative table and to establish grassroots contacts in each county. The next order of business was to recruit additional stakeholders, develop operating guidelines, and form essential committees, including the executive and communications.

Beginning in the fall of 2008, the full group began the task of conducting a Local Early Childhood System Assessment. The information garnered from this assessment would be used to develop a Strategic Plan and Early Childhood Action Agenda. Workgroups began to review, analyze, and prioritize local data.

In January 2009 Traverse Bay Great Start began a conversation with Manistee Great Start and the Investment Corporation regarding a possible merger. After four months of developing a working model and budgets, Manistee County was added to the newly named Great Start Traverse

Bay/Manistee Collaborative. Manistee county would benefit from the established infrastructure of the existing collaborative and Traverse Bay would gain additional funds to implement the regional work. The geographic proximity allowed multi-county representatives the opportunity to attend a single Collaborative meeting, guaranteeing the success of all of the counties invested.

In the spring of 2009 a Great Start Specialist and a Parent Liaison were hired to assist with the work of Manistee County. The inclusion of a sixth county provided new opportunities and challenges in the coming months.

The assessment and data review work continued and now included a picture of a six county region. In August of 2009 the *Great Futures Report* was released to the public. In response to the report on early childhood, staff held community conversations and focus groups using the information from the report to gain greater community input, understanding, and to build will around early childhood. Additional information was completed through a formal Infrastructure Review, the completion of the Wilder Collaborative Factors Inventory, a review of current early childhood programs and services, and the recommendations of the newly formed Social Emotional, Childcare and Early Education, and Pediatric and Family Health workgroups.

During this critical period, the founding coordinator resigned and an interim coordinator was named until, in the beginning of January 2010, a new Great Start Coordinator was hired. During the hiring process the executive committee made a decision to also contract for a new position, a Great Start Business Liaison, to better meet our goals of connecting early childhood to economic development. All agreed that it was essential to have staff in place prior to the creation of the strategic plan.

The data collection and review in the preceding months helped to inform the Collaborative and prepared the group for the Strategic Planning meeting held in January 2010. The goals developed by the Collaborative during the planning session were refined and expanded at the committee level in the following months. The 2010 Strategic Plan and Early Childhood Action Agenda was the culmination of eighteen months of work, and reaffirmed our commitment to improve the lives of young children in this region. We looked forward to the implementation of the Action Agenda and building our Coalition and Collaborative, groups committed to every child in the Traverse Bay/Manistee region having a Great Start – safe, healthy, and eager to succeed in school and in life.

Since the original work plan was created the GSC, Parent Coalition, and community partners have been working toward the established goals and objectives. As we continue to work toward bringing action to our working agenda, our 6-county collaborative has participated in consistent dialogue to establish how all sectors can best support the work of young children and families in our community.

2012 Update

The 2012 strategic plan was updated to better support all members in the community to identify pieces of the shared work that they can act on and give voice to our shared priorities. An intentional focus on community engagement using the *Strengthening Families Framework* and community cafes, fund development, and the development and implementation of a network that serves all families in the region will be the main work of the Collaborative. In another significant change, Manistee County left the Collaborative effective September 30, 2013 as part of a plan to streamline shared operations with Wexford/Missaukee ISD, with whom they share a superintendent.

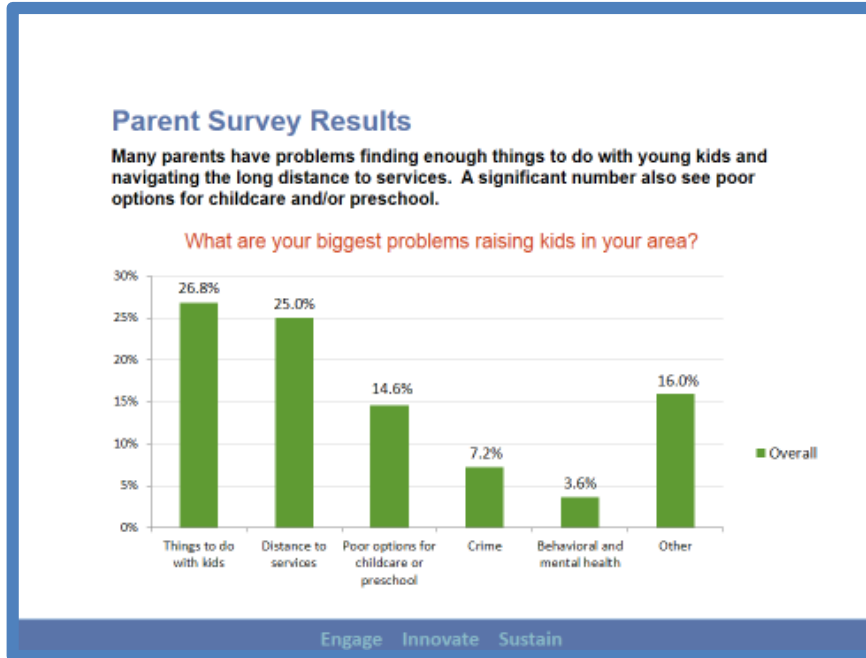
2016 Update

During the 2013 – 2015 interval the GSC defined its staffing roles, continuing to support a full-time coordinator and converting the role of parent liaison to community liaison with primary responsibility for implementing Strengthening Families, convening a core GSP group and supporting community events sponsored by the GSC. A co-chair transition occurred when the business chair was transferred from a representative of Consumers Energy to a representative of DTE Energy. The business co-chair term is two years; a new co-chair begins a term in Fall 2015. The Traverse City Area Chamber of Commerce underwent reorganization. TraverseCONNECT now functions as an enterprise with two business units: the Chamber and Venture North Funding & Development (an economic development organization). Venture North is the new home for the GSC. The GSC, representing Venture North and the Chamber, received the Association of Chamber of Commerce Executives 2015 Regional Innovation award for our work in collaborative governance. Funding for 5toONE project design, management and implementation was received from Consumers Energy in 2013 and 2014; the GSC, through Venture North, hired a contractor to provide project management. In early 2015 TBAISD took on a VISTA Volunteer in Early Childhood who works with the 5toONE project managing parent data and social media, and organizing playgroups. In addition to funding for its own work, the GSC has supported community partners in seeking grants and funds for various projects related to child wellbeing and maternal health outcomes, and has successfully written a grant on behalf of a Neighborhood that provides playgroup equipment and supplies. Finally, the GSC coordinator serves on a 21-county regional perinatal planning group facilitated by Munson Health Care and a Prosperity Region 2 Home Visiting Local Learning Group/Continuous Quality Improvement team; this regional participation is aligned with the State's regional priorities for maternal and child health.

IV. COMMUNITY NEEDS & STRENGTHS ASSESSMENT

5toONE Parent Survey

As part of the 5toONE engagement process, a survey of parents and caregivers in the five-county region occurred between July and October, 2013. The survey was written by the 5toONE Cornerstone consulting team with extensive review and input from GSC members, parents and community partners.



Nearly 700 validated responses were received representing 10% of the households raising young children in the five-county region. The results of this survey guided the design of the 5toONE model and continue to inform our work.

Many of the comments parents shared indicated that isolation, lack of nearby family, and quality of environment were the biggest problems they faced raising young children.

These data came as a surprise to many of us. Our ways of thinking about the challenges families encounter in daily life were based on assumptions about the problems that agencies and organizations are in place to solve. But those are not necessarily the problems families are most concerned with every day. The families who took the time to take this survey taught us a valuable lesson in community-building: the power of authentic parent voice is not in validating our preconceived notions and suppositions, but in blowing them apart.

Parent Survey Results
 In write-in comments, parents throughout the region (and especially those in Antrim, Benzie and Kalkaska counties), speak of feeling vulnerable and cut off.

What are your biggest problems raising kids in your area? (other)

Challenging circumstances
 "Close to some areas that aren't so nice"
 "Drugs seem to be everywhere here."
 "Destructive older kids in town...vandalism, stealing"

Isolation and lack of connectedness
 "Great kid activities (like arts programming, outdoor education, etc.) are far away"
 "Things to do with kids in winter/poor weather; lack of family support nearby"
 "Limited playgroups"
 "No indoor safe play areas/places"
 "Lack of kids in the neighborhood"
 "Would like to find more ways to socialize with kids"

Engage Innovate Sustain

GSC Strategic Review

In anticipation of the 2016 – 2018 strategic plan, the GSC undertook a review beginning in September 2014 of the shared priorities and shared work that guided our work since 2013. GSC members, including parent members, GSP core parents, and community partners were asked to review the goals using a modified Keep/Change/Create/Chuck format¹⁰ and to assign each component goal to one or more OGS outcomes, creating a crosswalk between goals and outcomes. Kids Count county-level and regional data, local community health assessment data, TBAISD Kindergarten Round Up data, and Networks Northwest data were the primary data sources, but we were also informed by a series of articles from the Brookings Institute on the changing demographics of the American Family and its impact on policy. One paper, “Family Diversity is the New Normal for American Children”, especially served to refocus our thinking about the disconnect between the needs of families and the ways we have traditionally tried to help.¹¹

After analyzing the results, the eight goals were reduced to six through combination or refocusing in response to changing community needs, partner capacity, and data indicators. Several trends in the review of goals were noted:

- Several goals were strongly identified with multiple outcomes; these goals were least likely to be identified as needing change or elimination.
- There was consensus that none of the goals adequately addressed OGS outcome 4 (children reading proficiently at grade level at the end of third grade), and that we must create a new goal to specifically address this outcome.
- “Prenatal” should replace “birth” in all goals related to health.
- Promoting early literacy was a common theme in suggestions for changes.

The second part of the review and system scan specifically addressed mindsets related to kindergarten readiness. Kindergarten readiness is one of the three goals specified in 5toONE, and is the goal most open to interpretation.

These questions were posed for small group dialogue:

Q1: How might families, the community and early childhood professionals view school readiness differently?

Q2: How might those ideas be influencing our ability to get ALL kids ready for school and life?

The results of small group dialogue illustrated the multi-faceted nature of kindergarten readiness, but several themes emerged:

- Readiness means *schools* are ready for ALL children
- Parents need more information about readiness, and they should start receiving that information much earlier
- There is a misalignment between teacher and parent understanding of readiness: social vs. academic

¹⁰ System exChange: conducting a systems scan

¹¹ <https://familyinequality.files.wordpress.com/2014/09/family-diversity-new-normal.pdf> accessed September 14, 2015

It was clear that an operational definition is needed to help facilitate parent/caregiver/teacher conversation and inform professional development for GSRP and early elementary staff.

Development of Shared Priorities & Shared Work

For most Great Start Collaboratives in the southern part of the state, strategic plans are developed for a single county. However, moving through northern Lower Michigan and the Upper Peninsula it is more common to find multi-county Collaboratives representing families living in rural communities. In developing a strategic plan for a five county region which includes some of the largest socio-economic disparities in the state, our main challenge is to find a way of thinking about and acting on priorities that address varying local needs and parent concerns while at the same time achieving progress toward systems change as outlined in the MSU *Community Problem Solving Model*. In the Early Childhood Investment Corporation vision for systems building, the Collaboratives with their Parent Coalition partners are the agents of change in their communities, utilizing data and evidence-based practices to move along a trajectory leading to a robust and responsive early childhood system. The component areas (previously referenced in this plan) are the common work of all GSCs. In a straightforward approach, systems change occurs by increased coordination of resources and partners' commitments. However, in a multi-county environment with various jurisdictions, inconsistent resources, and varying capacities for change, progress occurs along different pathways.

In this strategic plan the GSC identifies six shared priorities reflecting a common vision for children and families in the region. We also identify six areas of work that can be shared by all GSC members regardless of their agency, affiliation or location. This novel approach was developed by GSC executive team members and approved by consensus of the GSC members, and appears in the previous strategic plan. The approach has worked well as a way to organize our effort, and is continued in this plan. Work groups remain responsible for developing specific action steps and accountable to the full GSC for progress; project management for 5toONE is the responsibility of a capable contractor who reports to the executive team. Overall coordination of the systems-building process is built into the annual work plan and is the responsibility of GSC staff with help from the GSC executive team and one or more advisory teams.

Many data sources were utilized in the construction of this strategic plan. Instead of summarizing all the data for the goals of our shared priorities and shared work in this section, the data are described within the relevant section of the action agenda pertaining to the component area or shared work. The reader is encouraged to utilize the embedded links or refer to items in the appendix to gain a deeper understanding of a particular issue. The Kids Count data book and the annual Right Start snapshot are helpful summaries for understanding some of the issues related to early childhood in our region, and for assessing how children in northwest lower Michigan fare compared to children living in other regions of the state.

V. GOALS & STRATEGIES

Summary of Shared Priorities & Shared Work: *Philosophy & Rationale*

This Collaborative is comprised of representatives from TBAISD, three Departments of Health and Human Services jurisdictions, four health departments, five county collaboratives each with its own 0 – 6 work group (or group with a similar function), a tribal nation, and numerous parent organizations, agencies, nonprofit organizations, businesses, faith-based groups and concerned citizens. A one-size-fits-all early childhood action agenda for this region is neither possible nor desirable. What is possible is to come together in shared vision and agree upon a common set of priorities to guide us each in our own work. In this way we can be both opportunistic—taking advantage of opportunities as they come along to support our partners and thus advancing the goals—as well as intentional in directing our work toward meeting these objectives. In addition, there is work that we can share and that does serve to knit us together into a larger network, one capable of leveraging our individual contributions toward a whole greater than the sum of its parts. It is toward this ideal that we strive on behalf of all families.

Summary of Shared Priorities

These shared priorities or goals are the result of our thinking together with our communities and represent collaboration in its truest form—*coordinated action based on a common agenda*.

The Strengthening Families framework is the standard of practice for parent and community engagement.

Children born healthy.

1. Families have access to community-based information resources they need to maintain a healthy lifestyle beginning prenatally.

Children healthy, thriving, and developmentally on track from birth to third grade.

2. Children with developmental delays or disabilities receive the interventions and continuous support they need to achieve to their highest potential.
3. Increase community awareness of children’s mental health and parents’ knowledge of child development including social-emotional development, and ensure that all families have access to screenings, referrals, and support and treatment services.

Children developmentally ready to succeed in school at the time of school entry.

4. Increase access to affordable, high quality early care and learning options, including opt-in universal preschool, for children ages birth to five.

5. Promote policies that encourage economic prosperity for all families: A skilled, capable workforce requires that working parents have places for their children to learn and thrive, or there is support for parents to stay home to care for their children in the early years.

Children prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

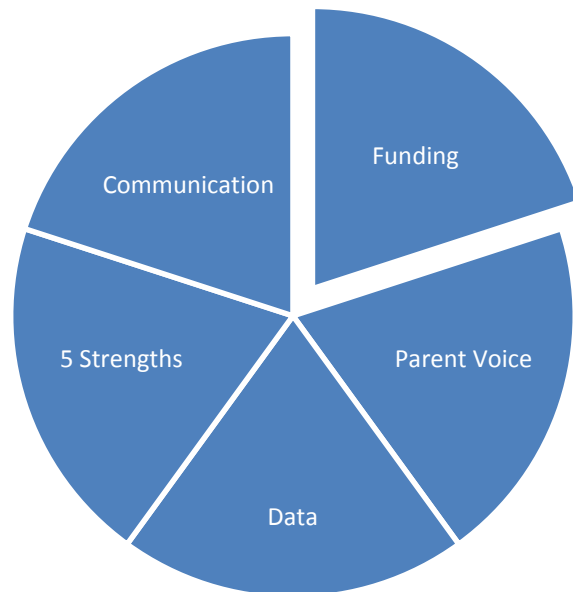
6. Promote a collaborative approach to the transition from early care and learning settings to early elementary school so that children are ready to succeed in school and schools are ready to support children’s learning using developmentally appropriate practices in the classroom.

Shared Work: 5toONE and the 5 Strategic Areas

Shared work differs from shared priorities in this important way: shared work is work in which all agencies/organizations/individuals can play a role. A pie chart is the most conceptually accurate visualization because it is non-hierarchical and every piece touches the center. Thus it is with our Collaborative: we contribute according to our capacity toward a common goal.

The critical areas of focus in our shared work emerged as a synthesis of the 2010 Strategic Plan and an economic impact study, “The Dividends of a Great Start: Regional Economic Impacts of Conditions Affecting Children Birth to Five Years in Six Michigan Counties” commissioned by this GSC in 2010. [Documents are available on our website

www.greatstartkids.com] As the GSC worked toward an understanding of the needs of children and families in our region we began to glimpse how these areas of focus might be interconnected and eventually woven into a more functional and complete early childhood system. The result of our shared thinking and study is:



***5toONE* – A Regional Early Childhood Initiative of the Great Start Collaborative of Traverse Bay**

5toONE is a novel system of resources that addresses the five system components, builds the five strengths identified in the Strengthening Families Framework, and supports the four Office of Great Start outcomes. 5toONE has 3 goals:

- a. Reduce the incidence of child abuse and neglect

- b. Increase families' access to quality childcare
- c. Improve children's kindergarten readiness

The 5 Strengths¹²

From the beginning this GSC has agreed to implement Strengthening Families & the Protective Factors as our framework for working with families and engaging the community. 5toONE made Strengthening Families an organizing principle of the project and required that intentional methods for building the 5 Strengths be evident throughout the model design. In our shared work, we ask ourselves and each other: *What will you do to move this work forward personally and as part of a group or organization?*

Parent Voice

Parents are their children's first and best teachers and advocates. 5toONE is grounded in parent voice, and parent input guides decision-making at every level. In our shared work we can all strive to become: *better at truly hearing parents, and ensuring that parent voice and parent energy are helping drive our work.*

Communications

Communication is relationship-building and the foundation for collaboration. Developing common messages and the means to share helps ensure that families get the most reliable information to help them make decisions for their children. Working together we can create: *a common message we want everyone in the community to hear, and find the most effective ways to reach people.*

Data sharing

Data drives our decision-making, and links us together as a network. Sharing data with others: *helps to identify needs and gaps, and creates stronger, more responsive system*

Funding

Sustainability is the hallmark of successful programs. Making sustainability a foundation of our work helps us: *identify where there are funding gaps and plan together to create sustainable programs.*

¹² The Center for the Study of Social Policy uses the term "the 5 protective and promotive strengths" to identify the five capacities that, when present together, protect a family for the effects of stress. Parents and community members told us they didn't like that terminology; we shortened it to "the 5 strengths" which they like much better.

Goals & Objectives Narratives¹³

Healthy Families (Pediatric & Family Health + Social/Emotional Health of Children)

Goal 1: Families have access to community-based information and resources they need to maintain a healthy lifestyle beginning prenatally. (Outcome 1)

Of the many health concerns that families face, these healthy lifestyle-related issues emerged as the most significant concerns in our communities:

- Obesity, nutrition and exercise
- Maternal drug use/smoking before, during and after pregnancy
- Whole child health/medical home and access to care

Health is a family issue. Living healthy involves every member of a family, but the most important actions are the lifestyle choices the adults in the household model for children. The Centers for Disease Control lists four tips for healthy living for families and children: eat right, be active, take care of your teeth, avoid tobacco. There is abundant evidence that these four tips lead to healthier outcomes and many organizations, agencies and businesses promote them in the community, yet more of our children are becoming obese, drug use is on the rise and smoking remains stubbornly constant among pregnant women.

According to CDC data Michigan is one of twelve states where the prevalence of adult obesity is more than 30%. Nationally, 12.1% of children ages 2 – 4 are obese, and the prevalence of obesity trends strongly upward as children grow to adulthood; in Michigan 13.3% preschoolers are obese. While being overweight or obese predisposes children to serious and often chronic health consequences, including an increased likelihood that they will be overweight or obese as adults, new data show that rates of childhood obesity are tied to economic risk: Children living in lower income families have higher rates of obesity¹⁴. According to a 2010 review of children's health issues in Michigan data show that: "Low-income, minority and rural children are at greater risk for overweight and obesity, placing them at a significant disadvantage early in their physical, emotional, and educational development."¹⁵ Habits, economic status and heredity play interconnected roles in the obesity epidemic growing in our nation and in our state; the challenge for families is to learn which of these they can change, and for communities how to provide the tools they will need to succeed.

Kids Count data indicate that the rate of maternal smoking is higher in northwest lower Michigan than in any other region of the state, and that in Kalkaska County the rate is among the highest in the nation. In addition to the known dangers of smoking to adults, smoking during pregnancy can have profound and serious effects on babies' birth weight and failure to thrive. Smoking cessation is a complicated medical and behavioral issue, especially among low income populations. Effective cessation treatments using nicotine and nicotine replacement therapies are contraindicated during pregnancy when medications

¹³ The GSC created a "crosswalk" to link strategic goals with the OGS outcomes and the five early childhood system components. Find the crosswalk in the Appendix.

¹⁴ <http://www.cdc.gov/obesity/data/childhood.html>

¹⁵ An Overview of Children's Health Issues, 2010. http://www.hmhbmi.org/document/page_42_Obesity_for%20web.pdf accessed October 30, 2012

could be covered by Medicaid for low income women, and the cost of evidence-based treatment programs after pregnancy is prohibitive for many individuals. Research demonstrates that nicotine is one of the most addictive drugs and that the motivation for smoking, and tobacco use generally, coupled with ease of access makes cessation very difficult. While many pregnant women, once they understand the dangers to their unborn child, are able to quit or cut back the rate of relapse is high, approaching 50%. For many women the perceived dangers of second-hand smoke to young children and others in the household do not supersede the physical and behavioral aspects of the addiction¹⁶.

Prenatal health care and obstetric services are on the decline in northern Michigan (see this article in [The Bridge](#) for a succinct treatment of the issue). Women living in most rural communities must travel long distances to keep doctors' appointments and to reach a birthing hospital. *Healthy Futures* is a regional program that provides newsletters with information about child development and local resources, and nurse consultations; the program is universally available for opt-in, but only Medicaid-eligible women receive more than one home visit from a nurse. Expansion of this program to include prenatal home visits for all pregnant women would raise the level of care and lead to improved birth outcomes for children.

Whole-child health is concerned with physical, including dental and vision, and social/emotional development. While children's access to physical health care in Michigan is improving, families and caregivers continue to struggle with access to dental, vision and behavioral health services. Identifying a medical home model that integrates all aspects of child health and that can be sustained is a challenge for rural health care systems.

Goal 2: Children with developmental delays or disabilities receive the interventions and continuous support they need to achieve to their highest potential. (Outcome 2)

Early intervention is the key to success for many children who experience moderate developmental delays. According to a National Early Childhood Technical Assistance Center (NECTAC) policy brief, outcomes for young children who receive services early experience better outcomes across all domains: "Intervention is likely to be more effective and less costly when it is provided earlier in life rather than later."¹⁷ All children ages birth to five should receive interventions regardless of their care settings and the socio-economic status of their families. Children who have been victims of abuse and/or neglect and maltreated infants and toddlers in foster care are most at risk for developmental delays, as well as a host of other setbacks, and should receive services as early as possible. All parents should be linked to information and appropriate resources, and the community should be aware of the resources that are available. But this is not the case. Lack of funding for home visiting and a shortage of trained therapists mean that many children who qualify based risk factors receive no services at all and those who do often do not receive adequate dosage. Children in Early On turning three too often become ineligible for services and do not continue to make progress.

¹⁶ <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5804a1.htm> accessed September 12, 2013

¹⁷ *The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families* (2011) <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf> accessed October 30, 2012

Developmental delays do not discriminate based on educational attainment, marital status or economic well-being of the mother, the family or the caregiver. To borrow a phrase from infant mental health workers involved in Baby Court, we need to put the baby at the center of the room. For each child to succeed to the best of their potential it is imperative that early intervention and service coordination be a high priority. Funding follows policy. In the case of early intervention there is ample evidence to show that the return on our investments in increased home visiting, service coordination and community education are worthwhile both in terms of the individual and society.

Goal 3: Increase community awareness of children’s mental health and parents’ knowledge of child development including social-emotional development, and ensure that all families have access to screenings, referrals, and support and treatment services. (Outcome 2)

The social/emotional development of young children is as important as their physical development. Delays in social/emotional development can have lasting effects on a child’s educational achievement and later life. The effects of toxic stress on brain growth and function are well documented, as are the effects of alcohol and illicit drug use during pregnancy. Children with significant social/emotional delays may receive early diagnoses and appropriate therapies. However, children with mild delays and those who present subtle or confusing symptoms often go without diagnosis and treatment, and their families lack the information and support to help them. What is even less well documented is the rate of challenging behaviors encountered by parents and primary care providers which go unreported because of lack of access to consultants and therapists resulting in lack of hard data to evaluate the magnitude of this issue. The effectiveness of early intervention and its impact on children in childcare cannot be overstated; families whose children are expelled from care become at risk for poverty and child abuse. The lack of social/emotional development and behavioral health support for caregivers and parents prompted this GSC to take action regionally to protect children and families and promote awareness.

In the current health insurance environment, coverage for mental health is largely inadequate for both adults and children. Recent legislation requiring coverage for autism treatment and therapy provides small, though important, progress, but doesn’t fully address the issue of promoting children’s mental health through prevention and early intervention. Funding for home visiting, a well-researched evidence-based practice that dramatically improves health outcomes for children and their families, was not extended to rural regions of the state in the first round of maternal/infant home visiting expansion; northern Michigan was excluded due to low population density, an example of how the use of census tract data to guide funding compromises child wellness in rural Michigan. However, in 2015 additional funds became available through the Affordable Care Act and *Healthy Families America* is now available in the five highest-risk counties in Michigan’s ten-county Prosperity Region 2. Of the five counties with expanded services, two –Antrim and Kalkaska – are within this GSC service area.

Goal 4: Increase access to affordable, high quality early care and learning options, including opt-in universal preschool, for children ages birth to five. (Outcome 3)

Accessibility. Affordability. Quality. Choice. These are the four basic issues most working families looking for early care and learning options struggle to balance. For a family with all parents working outside the home (the case for nearly 62% of families in the five-county area with children ages birth to five) or going to school, finding the right early care and learning setting for their child is essential, yet for many there is simply nowhere to go. There are waiting lists in every county for quality infant and toddler care, and limited options for care of twins/multiples, care outside traditional hours, and subsidized care. Families limited by lack of choice of setting (home, private center or school) are frustrated that they cannot find the type of care that works best for their children. Many cannot afford quality care, especially infant care. Changes in DHHS policies that qualify children for full-year care regardless of changes to parental employment status are significant improvements, but paperwork and red tape, waiting periods, and gaps in eligibility still penalize parents in case of job change or loss, or delay benefit determinations for student parents. Too often parents simply give up trying to work or go to school until their children are old enough to start kindergarten. Families are pressured in other ways: some families opt for shift work so one parent is always home; others rely on neighbors or relatives to watch their children, with little or no assurance that their children are receiving quality care. With the expansion of the Great Start Readiness Program many more children in our region are now able to attend high quality preschool either through GSRP or Head Start, but there are disparities due to geography and communication about program availability. Some children are still slipping through the cracks and not receiving the high quality care and learning experiences they need to be ready for school and eager to learn.

Research tells us that education is the best way out of poverty. Making sure that every family who needs it has access to quality early care and learning continues to be a top priority for our region.

Family Support

Goal 5: Promote policies that encourage economic prosperity for all families: A skilled, capable workforce requires that working parents have places for their children to learn and thrive, or there is support for parents to stay home to care for their children in the early years. (Outcome 3)

In our region about 72%¹⁸ of families with children ages birth to five report needing childcare while parent(s) work. This percentage is comparable to the national average and represents a challenge for employers. Companies have vested interests in creating workplace environments that promote productivity, retain skilled workers, and attract new workers. However, lack of information about which family-friendly best practices benefit the bottom line and how to implement them in the workplace as well as practical information about local resources for childcare, children's health services and family supports impacts employers' ability to support employees performance. Data show that unplanned absences have the largest impact on productivity

¹⁸ Kids Count 2016 updates: Antrim 69.3%; Benzie 80.8%; Grand Traverse 74.3%; Kalkaska 71.0%; Leelanau 60.9%

A study conducted by the Society of Human Resource Managers Foundation concluded that while return on investment varied for companies that provided work-family benefits for employees with young children, merely offering these supports created positive employee perceptions. The study concluded that the presence of family-friendly benefits in the workplace influenced employee attitudes and performance regardless of whether they used the benefits and “may lead to favorable outcomes for organizations even when the use of these programs is low.”¹⁹

The most common concerns reported by HR professionals and working parents in our area are:

- Lack of quality infant care; waiting lists are long
- Lack of sick child care
- Lack of back-up or emergency care

Infant care is labor-intensive and expensive. Private childcares are small businesses with thin profit margins. For provider-operators, the bottom line is a balancing act between providing the services that families request and making payroll. Public subsidies for childcare do cover the full cost and policies regarding termination of subsidy due to changes in parent employment/student status are not always applied in the best interests of the

The Tipping Point

“Before I had my daughter, it was theoretical, you know? After I had my daughter, it was urgent... And it’s also similarly gone from an afterthought in policy discussions to the centerpiece of debates.”

Secretary of State Hillary Rodham Clinton
October 25, 2012 at the National Work-Life and Family Month Event.

not

child.

Sick child care and back-up care are in short supply, and policies both in the workplace and at childcare facilities increase the problems working parents face as they struggle to balance employment obligations against family needs. These are issues that employers, caregivers and parents can work together to solve.

Early Education, Including the Child’s Vocabulary Development, & Care

Goal 6: Promote a collaborative approach to the transition from early care and learning settings to early elementary school so that children are ready to succeed in school and schools are ready to support children’s learning using developmentally appropriate practices in the classroom. (Outcome 4)

5toONE and Parent Leadership

Goal 7: Continue implementation of 5toONE, a novel system of resources that addresses all five system components (Parent Leadership, Pediatric & Family Health, Social-Emotional Development of Children, Family Support and Early Care and Learning), builds the five strengths identified in the Strengthening Families Framework, and supports the four Office of Great Start outcomes. 5toONE has 3 goals:

- Reduce the incidence of child abuse and neglect**

¹⁹ *Work-Family Support Programs as a Strategic Human Resource Initiative: A meta-analysis of effects of organizational outcomes* (2010) <http://www.shrm.org/about/foundation/research/Pages/SHRMFoundationResearchCasper.aspx> accessed November 1, 2012

b. Increase families' access to quality childcare

c. Improve children's kindergarten readiness

(Outcomes 1, 2, 3, 4)

It is often stated that children do not come with a user manual, and that it takes a village to raise a child. Most of us agree that there is no more important role in life than parenting, yet we often lack the skills and information we need to be the kind of parent we want to be. With rising rates of child abuse and neglect, continued economic pressures on families and a persistent downtrend in support for families, more and more children are at risk in our communities. The increase in single parent families and rising rates of Medicaid births are risk indicators, as is the subtle upward trend in the state-wide high school dropout rate which spells increased risk for young children since their well-being and success in school is strongly tied to the educational attainment of their mothers. Brain development is strongly influenced by early experiences, by attachment (or lack of attachment) to trusted caregivers, and by toxic stress. Research shows that of all age groups, the youngest children are the most deeply affected by poverty.

The decision to adopt the Strengthening Families Framework is based on the effectiveness of the five Protective Factors, identified by the Center for the Study of Social Policy, as a means to better understand what families need to have in place in order to be successful, to reduce the incidence of abuse and neglect, and to improve child development outcomes. The Strengthening Families framework provides a common language and way of understanding how changes in our theory and practice of parenting will lead to a more powerful and permanent system of support for parents and families.

StoONE Project Summary

The Great Start Collaborative of Traverse Bay (GSC) is the region's early childhood initiative. Organizations such as the Traverse City Area Chamber Foundation and Traverse Bay Area Intermediate School District, as well as healthcare and education professionals, parents and caregivers, businesses, philanthropic and faith organizations, and others with a focus on child development and well-being are members of this group.

In 2011, the GSC embarked on an evaluation of the region's early childhood system from a *community-builder perspective*. Our focus was informed by research showing that a strong and highly visible early childhood system plays a major role in economic prosperity and contributes to the vibrancy of communities. The evaluation identified barriers and disparities in access to programs and services for families throughout this rural Northern Michigan region. Our solution is a model system designed specifically for rural communities – a system designed and built based on parent input and family-level decision-making – that strengthens families and delivers great results for children.

We named this project **5toONE**. This name can mean different things to different people:

- 5 years from birth to kindergarten
- 5 counties connected
- 5 strengths for thriving families
- 5 steps to realize our vision

Our priority goals for the **5toONE** project are:

- Improved kindergarten readiness
- Improved access to quality childcare and parenting education
- Reduced incidence of child abuse and neglect

There are three components of the **5toONE** model:

5toONE Neighborhood Centers are places where parents find meaningful things to do with their children, connect with other parents, and get information they need. Centers are close to home and hosted within existing organizations such as churches, libraries and schools. **5toONE** Neighborhood Centers are supported through training and other resources provided by the GSC. Parents are equal partners on the advisory committees for each Center, and the Centers are networked together.

5toONE Network uses technology to connect all families with the full range of resources available across the region, and provides partner agencies, organizations and stakeholders with a monitored means for exchanging ideas, gathering and sharing data, and ensuring that barriers to access are eliminated.

5toONE Hub is a centralized location for services. When built, it will serve as a “Center of Excellence” for child development, house intensive services for families who need them, and draw new resources to the region. Once operational, the Hub will be the “battery” that energizes the Network and powers the Neighborhood Centers.



VI. 2018 EARLY CHILDHOOD ACTION AGENDA

THIS AGENDA IS UPDATED ANNUALLY AND CORRESPONDS WITH THE 32^P FISCAL YEAR WORK PLAN SUBMITTED EACH SEPTEMBER 15 TO THE OFFICE OF GREAT START/MICHIGAN DEPARTMENT OF EDUCATION

Outcome: Children born healthy	
Goal #1: Families have access to community-based information and resources they need to adopt and maintain a healthy lifestyle beginning prenatally.	
System Component(s): Healthy Families	
FY 2018	This Objective was completed in FY2017²⁰
Objective Increase utilization of parks and recreation areas by families with young children and expectant parents.	Objective Healthy Futures texting app directs users to current, high quality information about maternal health during and after pregnancy and early care of young children
Strategies <ol style="list-style-type: none"> 1. Support Early Childhood Resource Guide distribution 2. Share a common message across all sectors 3. Support partners working on maternal smoking, childhood obesity, family health and wellbeing 	Strategies <ol style="list-style-type: none"> 1. Texting work group approves app resources 2. GSC maintains links on its website 3. Promote <i>Healthy Futures</i> to all OB/GYN and family health providers 4. Use selected health indicators to assess effectiveness
Activities <ol style="list-style-type: none"> 1. Convene parent work groups; assign parent researchers 2. Modify existing template to include all new information 3. Final draft of Resource Guide addendum 4. Share with GSC/GSPC and community partners 	Activities <ol style="list-style-type: none"> 1. Recruit parent(s) to work group 2. Review linked resources regularly 3. Assign web support responsibility 4. Share common messaging campaign with partners 5. Implement user satisfaction survey 6. Review community data annually; add indicators to community early childhood dashboard
Leadership GSPC, 5toONE Neighborhood Center parent leaders	Leadership: Healthy Futures work group
Target Dates October 2017 – March 2018 convene parent work group April 30, 2018 prepare document for print/upload May 22, 2018 present to full GSC and begin distribution	Target Dates November 2016 – all links to materials on GSC website active; add parent member(s) to work group Monthly – work group check-in

²⁰ **Objective** Expand *Healthy Futures* home visiting to all families in the five-county region – This objective was met by funding received by Munson Health Care from the Michigan Health Foundation. With this new funding source we are able to complete work on a long-anticipated objective to launch and maintain a universally-available texting app for expectant moms and families with newborns.

	July – annual project evaluation
Resources Meeting space, parent support to attend	Resources Website maintenance Texting app technical support
Progress Measures # of meetings; data on local recreation areas is entered in template; Resource Guide addendum is finalized, printed/uploaded; information shared with GSC and partners	Progress Measures Parent(s) membership on work group Monthly workgroup check-in includes usage and user satisfaction data
Performance Measures 1. The Early Childhood Resource Guide is available in all counties at health departments, schools, libraries, 5toONE Neighborhood Centers, and other partner locations. 2. Parents and partners know that outdoor physical activity is important for health and wellbeing, and that children should have daily outdoor, unstructured play. 3. Partners working on specific health issues are included in all communications related to availability of outdoor resources for play.	Performance Measures User satisfaction surveys used to improve user experience Number of users increases over time Evidence that texting app improves maternal/child health outcomes

Outcome: Children healthy, thriving, and developmentally on track from birth to third grade.	
Goal #2: Children with developmental delays or disabilities receive the interventions and continuous support they need to achieve to their highest potential.	
System Component(s): Healthy Families;	
Objective Community health providers appropriately screen children and refer parents to services.	Objective Early care and learning providers receive professional development and support in working with children with delays/disabilities.
Strategies 1. Share a common message across all sectors 2. Engage community health providers in cross-sector professional development	Strategies 1. Trainings and workshops
Activities 1. Distribute Early Childhood Resource Guide to community health providers 2. Ensure providers have information about professional development opportunities 3. Develop contacts with office managers in pediatrics practices	Activities 1. Schedule trainings and workshops

Leadership Early On coordinator, TBAISD Early Childhood; GSC Parent Liaison	Leadership: TBAISD Early Childhood; Great Start to Quality staff
Target Dates On-going	Target Dates On-going as permitted by GSQ training schedule
Resources Contact lists, communications specialist	Resources Trainers
Progress Measures # of community-based organizations receiving common message; # health providers distributing Resource Guide	Progress Measures # of providers attending trainings
Performance Measures Increased number of screenings and appropriate referrals to services	Performance Measures Increased self-reported competence of early care and learning providers; decrease in number of children expelled from early care programs

Outcome: Children healthy, thriving, and developmentally on track from birth to third grade.	
Goal #3: Increase community awareness of children’s mental health and parents’ knowledge of child development including social-emotional development, and ensure that all families have access to screenings, referrals, and support and treatment services.	
System Component(s): Healthy Families, Parent Leadership	
Objective Community based organizations, and especially 5toONE Neighborhood Center host organizations, and TBAISD Early Childhood services provide quality information to parents and connect parents to knowledge resources and services	Objective Information about Adverse Childhood Experiences and their impact on child and adult health and wellbeing is widely available to community members.
Strategies 1. Meet regularly with TBAISD Early Childhood services staff to inform staff about 5toONE activities and promote sharing a common message across all sectors 2. Provide trainings and workshops to CBOs 3. Gather data from parents about resources used	Strategies 1. Collaborate with regional and state ACE initiatives 2. Participate in Michigan ACE Interface Master Trainer program 3. Provide trainings and workshops to various community groups
Activities 1. Create presentations for TBAISD EC staff 2. Offer customized trainings to CBOs 3. Develop parent data base	Activities 1. Designate GSC team member(s) to attend regional and state meetings 2. GSC coordinator enters Master Trainer program 3. Schedule trainings/workshops to share ACEs information with community partners and families
Leadership GSC/GSPC team; 5toONE staff	Leadership GSC/GSPC team; 5toONE staff
Target Dates October 2017 - September 2018 regularly scheduled meetings and trainings; monthly parent data gathering	Target Dates Ongoing
Resources Communications pieces; trainers	Resources Michigan ACE Interface; staff time
Progress Measures # of meetings; # of community-based organizations receiving common message; # trainings at 5toONE Neighborhood Centers; parent reports of resource use	Progress Measures Master Trainer credential completed; # trainings/workshops presented; participant response to trainings/workshops
Performance Measures 1. TBAISD EC staff have increased knowledge about 5toONE and how to help parents connect with 5toONE activities and network; 2. CBOs know how to access trainings 3. Monitor number of parents requesting screenings and/or information about child development	Performance Measures 1. Community service providers receive ACE training 2. Families receive information about ACEs and have access to resources to support needs that may be identified

Outcome: Children developmentally ready to succeed in school at the time of school entry.	
Goal #4: Increase access to affordable, high quality early care and learning options, including opt-in universal preschool, for children ages birth to five.	
System Component(s): Early Education, Including the Child’s Vocabulary Development, & Care	
Objective Increase the availability of high quality early care and learning opportunities in the region.	Objective Promote quality in all childcare settings and the public understanding of quality.
Strategies 1. 5toONE and GSC convene parent advisories 2. GSC promotes partnerships between universities and local/regional providers 3. GSC funds childcare scholarships	Strategies 1. Restore annual “Small Businesses with Big Hearts” celebration 2. Attend TC Chamber expo 3. Support Great Start to Quality NW Resource Center Networking Nights 4. Provide consistent messaging across sectors
Activities 1. Parent advisories provide information on childcare gaps, joint enrollment, barriers to attendance. 2. GSC facilitates community conversations among partners to increase choice and availability 3. GSC convenes community scholarship funders group to increase access to care 4. GSC establishes childcare scholarship administrative team	Activities 1. Plan Expo booth 2. Plan SBBH event, with corporate sponsorship 3. Recruit parents to attend networking nights 4. Prepare common messaging materials using communications provided by GSQ
Leadership 5toONE; GSC; Venture North	Leadership: GSC/GSPC/5toONE, GSQ
Target Dates Scholarship advisory team established October 2015; Advisories and community conversations Oct. 2015 – February 2016; Convene funders group January 2016	Target Dates Annually: November Expo; February SBBH; networking nights TBD
Resources Scholarship fiduciary	Resources Funding for Expo expenses; funding and venue for SBBH; staffing for events; funding to reduce barriers for parent participation
Progress Measures Funds raised for scholarships; # of new childcare slots	Progress Measures # of contacts at Expo; # of SBBH participants and level of corporate support; # parents/caregivers attending Networking Nights
Performance Measures More families are able to afford quality childcare while working or going to school; increased number of children with risk factors receive a minimum of 2 years quality preschool	Performance Measures Increased appreciation of childcare providers as professionals who provide essential service to the community; increased co-learning among providers and those who are parenting young children

Outcome: Children developmentally ready to succeed in school at the time of school entry.
Goal #5: Promote policies that encourage economic prosperity for all families: A skilled, capable workforce requires that working parents have places for their children to learn and thrive, or there is support for parents to stay home to care for their children in the early years.
System Component(s): Family Support, Parent Leadership
Objective Advocate for policies that support work/life balance, promote quality early care and learning of young children, and create a quality of life that attracts young families to the Traverse Bay region
Strategies <ol style="list-style-type: none"> 1. 5toONE and GSC convene stakeholder advisories 2. GSC promotes partnerships among local stakeholders 3. GSC supports parents as advocates 4. GSC develops Childcare Policy Agenda to address critical shortages of infant/toddler care and takes action
Activities <ol style="list-style-type: none"> 1. Stakeholder advisories to GSC provide information on challenges to attracting and retaining young workers. 2. 5toONE facilitates community conversations and focus groups 3. GSC and 5toONE mentor parents as advocates and reduce barriers for participation 4. GSC conducts inventory of active capacity for infant/toddler care; develops and shares policy agenda, participates as a change agent in the community 5. GSC recruits new business membership
Leadership GSC; 5toONE; Traverse City Chamber of Commerce (director of government relations); Traverse CONNECT; Northern Strategies 360; Networks Northwest; Land Information Access Association
Target Dates Ongoing engagement; regional capacity survey completed in September 2017; childcare policy agenda for FY18 available November 2017 for consideration by elected officials
Resources Parents as Partners training; funding to convene community conversations; funding for consulting, graphics production, and distribution of policy agenda
Progress Measures # of parents participating in advocacy; # of community stakeholders participating as advocates; planning and land use decisions take into account the needs of young children
Performance Measures More employers adopt best practices and policies that support young workers; the community prioritizes the role of parenting; legislators are responsive to parent voice and support legislation that helps families thrive

Outcome: Children developmentally ready to succeed in school at the time of school entry.
Goal #6: Children are ready to succeed in school and schools are ready to support children’s learning using developmentally appropriate practices in the classroom.
System Component(s): Early Education, Including the Child’s Vocabulary Development, & Care, Parent Leadership
Objective Promote a collaborative approach to the transition from early care and learning settings to early elementary school.
Strategies 1. 5toONE and GSC generate school readiness definition(s) 2. GSC promotes partnerships among local stakeholders 3. TBAISD Early Childhood offers professional development for early elementary educators and administrators relevant to transition and developmentally appropriate practice
Activities 1. Identify diverse stakeholders willing to participate in advisories and/or focus groups 2. Facilitate community conversations and focus groups to create school readiness definition(s) 3. Identify appropriate professional development content and opportunities for early elementary educators and administrators
Leadership 5toONE; GSC; TBAISD; GSQ
Target Dates TBD
Resources Funding to convene community conversations; staff time
Progress Measures # of stakeholders engaged in focus groups; definition(s) of school readiness
Performance Measures Improved communication among parents, early childhood professionals and elementary school staff

Outcome: Children developmentally ready to succeed in school at the time of school entry.
Goal #7: Continued implementation of 5toONE
System Component(s): Early Education, Including the Child’s Vocabulary Development, & Care, Parent Leadership, Family Support, Healthy Families
Objective Focus on data collection and sharing as a way to connect partners and provide one-stop-shop, no-wrong-door experience for parents seeking programs and services. Continue community engagement to open more Neighborhood Centers and build the 5 Strengths in all families. Continue progress on 5toONE goals.
Strategies <ol style="list-style-type: none"> 1. Network manager becomes a permanent position 2. 5toONE and GSC engage community partners and parents participating in 5toONE Neighborhood Centers in effort to collect useful data to share regionally and to evaluate impact of 5toONE on family and child outcomes 3. Data-sharing protocols create network connections 4. Expand network communications 5. Community engagement to start new 5toONE Neighborhood Centers and Network nodes 6. Establish a flagship 5toONE Neighborhood Center that provides fidelity to the model and serves as a center of excellence for parent leadership
Activities <ol style="list-style-type: none"> 1. Network manager pilot – determine skills and expertise needed, responsibilities, credentialing 2. Collect family level data and resource needs data 3. Implement data dashboard 4. Web-based video training and meeting capability is utilized 5. Network manager and GSC team meet with potential host organizations for 5toONE Neighborhood Center start-ups 6. Identify host organization partner for flagship 5toONE Neighborhood Center 7. Continue community engagement
Leadership 5toONE; GSC; TBAISD; Traverse CONNECT
Target Dates Ongoing – data collection, engagement, web-based training and meeting capability utilized October 2017 – identify flagship host organization December 2017 – post Network Manager position January 2018 – hire permanent Network Manager
Resources Funding and staff to execute project activities
Progress Measures # of parents using Neighborhood Centers; # of parents and stakeholders using communications connections (social media); increase in # of Neighborhood Centers and network partners; increase in # of children attending playgroups
Performance Measures Improved communication among network partners; more collaboration among partners at community and regional level; improved child and family outcomes

Outcome: Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.
New Goal : Every child in our region is reading proficiently at grade level at the end of third grade, and is ready to read to learn at fourth grade entry.
System Component(s): Early Education & Care, Parent Leadership, Family Support
Objective Utilize the emerging Everybody Reads network to support children's literacy by working collaboratively to ensure that all people in our communities can read proficiently and if not, can find the help they need.
Strategies Serve as backbone organization to continue leading the development of Everybody Reads, a network of organizations and individuals who are working to promote literacy for people of all ages in our communities.
Activities 1. Network meetings held monthly or bi-monthly to review local data, create common messages, and share information and strategies. 2. Network members create and agree upon an action agenda based on six key leverage points identified as key to improving children's literacy. 3. Community activities are co-promoted by network members.
Leadership GSC coordinator, NorthSky NonProfit consultants, GSC partner
Target Dates Monthly or bimonthly October 2017 - September 2018
Resources Funding and staff to execute project activities
Progress Measures 1. Meeting announcements, agendas and meeting notes, data, and relevant information are posted and shared on a network communications platform. 2. Network members self-organize in work groups to plan and implement action items; activities and community participation are tracked. 3. Network members actively support each others programs.
Performance Measures Everybody Reads exhibits key characteristics of a sustainable and engaged network, and network members are contributing effort and resources to support community literacy projects.

VII. Financing & Fund Development

Philanthropy & Investment

Goal – The GSC increases investment in early childhood services and initiatives through a variety of funding sources, both public and private to assure that the strategies and objectives of the strategic plan are successfully implemented with positive outcomes for our youngest citizens.

5toONE:

Funding for this project has come from project partners including Northwest Michigan Community Action Agency/Head Start, Northwestern Michigan College, Venture North Funding & Development, Rotary Charities of Traverse City, TBAISD, and the Great Start Collaborative, with major project support from Consumers Energy Foundation:

- Consumers Energy Foundation 2014: \$40,000 for project design
- Consumers Energy Foundation 2015: \$50,000 for project management
- Consumers Energy Foundation 2016: \$60,000 for project management
- Consumers Energy Foundation 2017 \$ 50,000 for project management

Consumers Energy Foundation continues to support this project and has invited the GSC to apply for additional funding to begin the evaluation of sustainability phase of 5toONE.

Other sources of funding include local and regional foundations which have an interest in helping families in certain communities or counties. On behalf of the 5toONE Neighborhood Centers, the GSC is able to share data and/or prepare grant requests to assist host organizations in their effort to secure additional funding to support activities and programs that serve families with young children.

Childcare Scholarships:

Funding for childcare scholarships is available from 32p (Early Childhood Block Grant) and can be used to initiate a matching funds campaign to increase the resources for scholarships. Families falling in the gap between 250% and 350% of poverty, families participating in state programs to increase their employability, and families who face personal tragedies struggle to afford quality childcare, especially for infants. The GSC and its business partners are committed to ensuring that families have affordable quality childcare options so parents can work and families can thrive.²¹

Startup Costs:

Venture North Funding and Development continues to support start-up costs for new or expanded childcare facilities. These kinds of loans, which cost far less than standard commercial loans, are essential for increasing the access of childcare, especially in Traverse City where land and development costs are prohibitive given the business model under which childcare centers operate. More partnerships and investor-owned childcare facilities are needed to address the current, critical

²¹ For an interactive budget calculator that includes childcare visit [note that the cost of housing is significantly underestimated for rural northern Michigan]

http://www.epi.org/resources/budget/?utm_source=Economic+Policy+Institute&utm_campaign=8d7b15dd21-EPI+News+08+28+158+28+2015&utm_medium=email&utm_term=0_e7c5826c50-8d7b15dd21-58174845

shortage of care settings for infants and toddlers and to build capacity for an expanding workforce. The GSC supports these innovative and proactive investment strategies.

VIII. Appendices

Great Start Organizational Chart
Member Profile & Memorandum of Understanding (sample)
Office of Great Start Outcomes & System Components Graphic
Action Agenda Review materials
Strategic Goals – Outcomes – System Components Crosswalk
Communications Plan outline
Annual Calendar of Events

Operational Bylaws <http://greatstartkids.com/wp-content/uploads/2014/10/Operating-Guidelines-update-FY15.pdf>

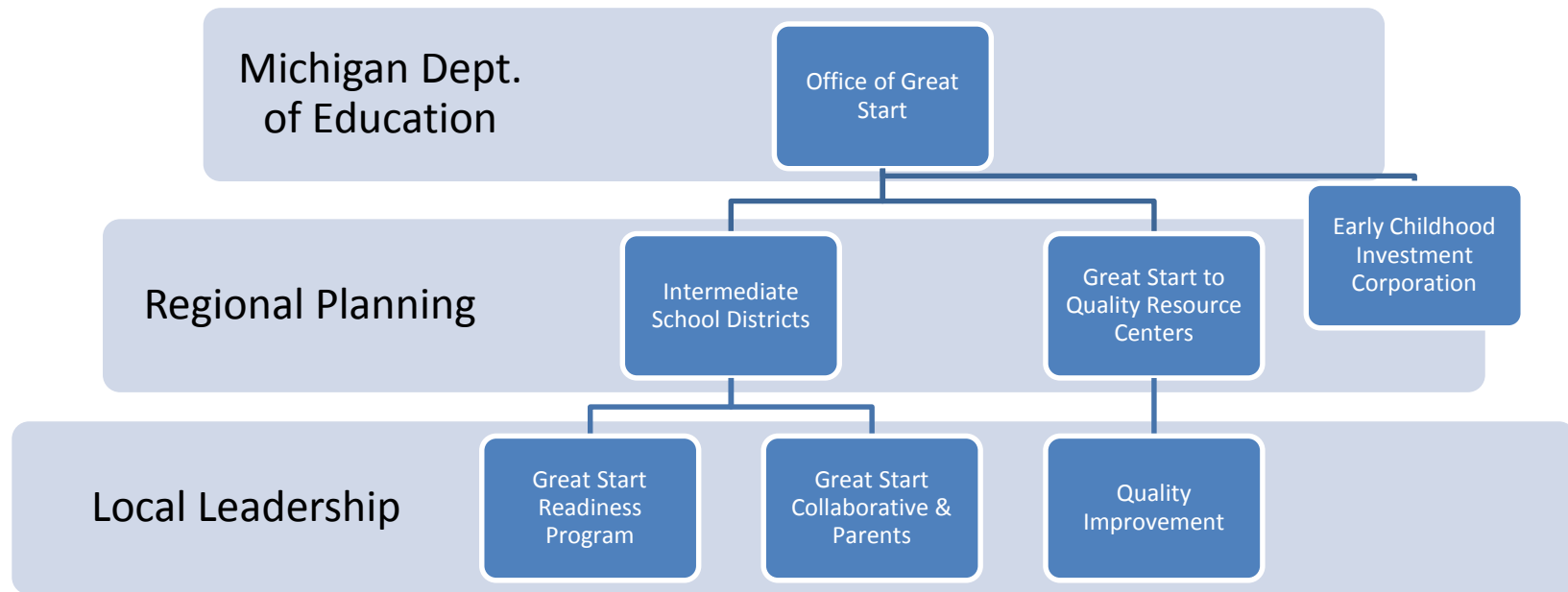
***Dividends of a Great Start* white paper** [http://greatstartkids.com/wp-content/uploads/2013/05/Dividends-of-a-Great-Start-white-paper RBG.pdf](http://greatstartkids.com/wp-content/uploads/2013/05/Dividends-of-a-Great-Start-white-paper-RBG.pdf)

5toONE Step 3: Model Design & Recommendations (separate document – please request link)

Access Kids Count Data online at
<http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=MI>

- **Antrim**
- **Benzie**
- **Grand Traverse**
- **Kalkaska**
- **Leelanau**

Michigan's Great Start Initiative Organizational Chart





**Great Start Traverse Bay/Manistee Collaborative
Fiscal Year 2017*
Member Profile
&
Memorandum of Understanding**

Name

Title

**Agency/Business/ or
Organization**

Purpose/Focus

Mailing Address

Phone

Fax

Email

URL

**Great Start Workgroup
Affiliation**

**Memberships/Boards/
Groups of which you
are a member**

Memorandum of Understanding

I, _____ agree to attend 75% of the Collaborative meetings,
(print name)

and to designate an alternate from my organization to attend if I am absent.

I agree to maintain an affiliation with at least one of the Great Start workgroups.

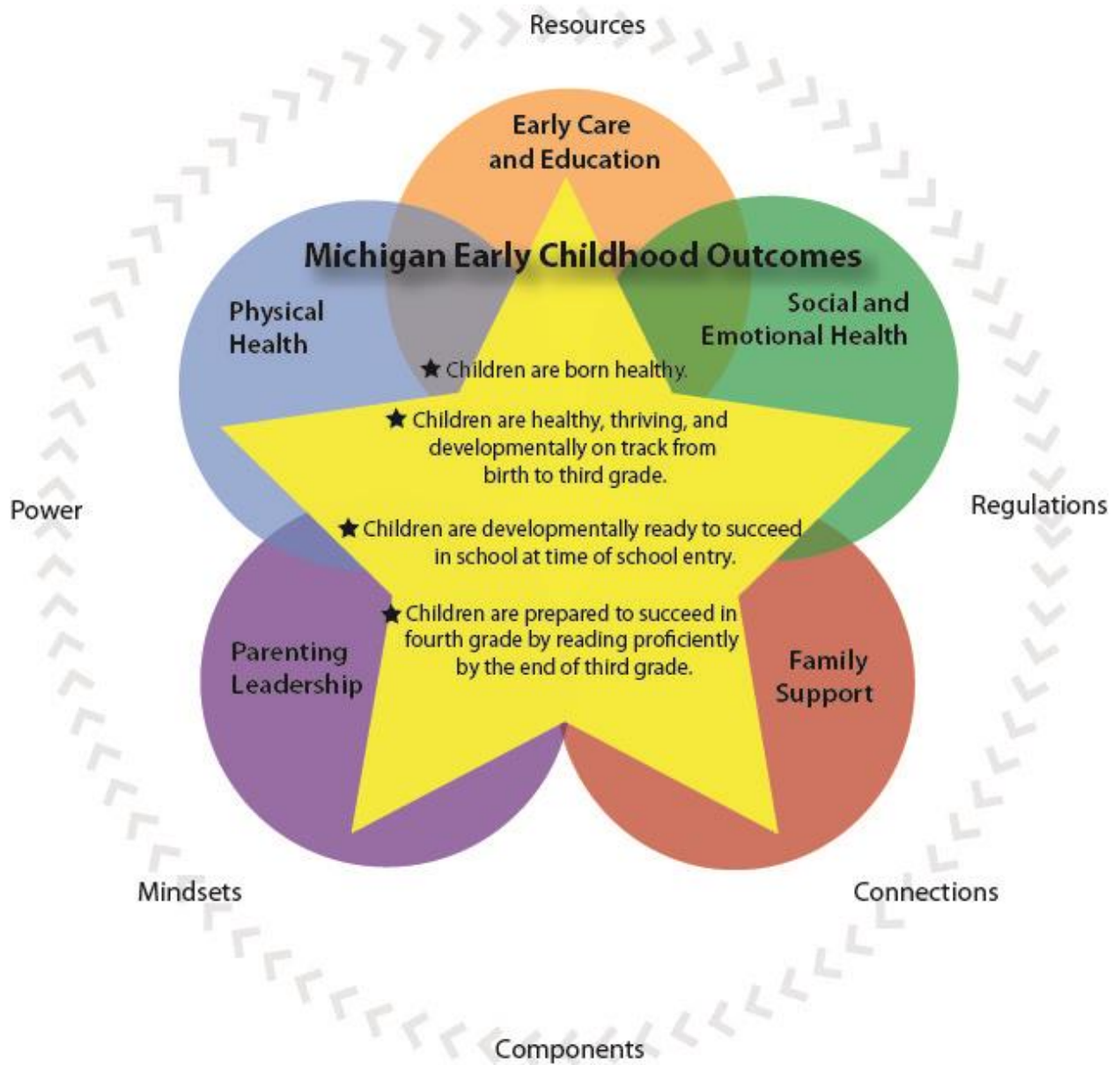
I agree to support and maintain the mission of this Collaborative and its Parent Coalition (Great Start Parents): to ensure that all children arrive at the door to kindergarten healthy, safe and eager to learn; to support parents as the first and best teachers of their children; and to promote collaboration and partnership among agencies, businesses and organizations to work toward a comprehensive early childhood system that is accessible to all families in our region.

Date

Signature

*October 1, 2016 – September 30, 2017

Great Start Star—System Graphic



GREAT START COLLABORATIVE 2013 – 2015 ACTION AGENDA: GOAL REVIEW & OGS OUTCOME ALIGNMENT

KCAR REVIEW: Read through the goals listed and label each one using the letters **K, C, A, or R**

KEEP—keep the goal with no changes

CHANGE—keep the goal but with some changes; add the changes you recommend

ADD—add any new goal(s) to the priority list in the blank space(s) provided

REMOVE—remove this goal from the priority list

CIRCLE the one goal that is most meaningful to you

SHARE your most meaningful goal with an elbow partner—tell why it matters to you and what impact you might have in helping achieve that goal

Finally, **DECIDE** which Office of Great Start outcome each goal supports. Talk with your tablemates if you can't decide how to align a goal or goals.

Early Care & Learning	KEEP – CHANGE – ADD – REMOVE	ALIGN TO OGS I – II – III – IV
<i>Vision: all children succeed and schools are ready for all children.</i>		
1. Increase access to affordable, high quality early care and learning option, including opt-in universal preschool, for children ages birth to five.		
2. Children with developmental delays or disabilities receive the interventions and continuous support they need to develop to their highest potential.		
3. Increase community access to quality information about early childhood development and learning, and opportunities for continuing education, for all caregivers, including parents and guardians.		
	Add	
Family Support	KEEP – CHANGE – ADD – REMOVE	ALIGN TO OGS I – II – III – IV
<i>Vision: all children are nurtured and have their basic needs met—food, clothing and supplies, shelter, and safety.</i>		
1. Employers and agencies have access to evidence-based information about family-friendly best practices that have direct impact on the workforce, benefit employers and are measurable.		
2. Ensure that children's safety issues and community crisis plans are coordinated across agencies.		
	Add	

Parenting Leadership	KEEP – CHANGE – ADD – REMOVE	ALIGN TO OGS I – II – III – IV
<i>Vision: all families are resilient, have knowledge of child development, and are valued for nurturing their children.</i>		
The region adopts the Strengthening Families framework for parent and community engagement to promote awareness, education and action.		
	Add	
Healthy Families	KEEP – CHANGE – ADD – REMOVE	ALIGN TO OGS I – II – III – IV
<i>Vision: all children will be born healthy with continuous access to comprehensive care that supports the whole child.</i>		
1. All families will be encouraged to maintain a healthy lifestyle for children ages birth to eight.		
2. Increase public and parent awareness and knowledge of social/emotional health, and ensure that all families have access to screening, referral, and treatment and support services.		
	Add	

COMMENTS:

ONE MORE THING! PLEASE PROVIDE THE FOLLOWING INFORMATION...

CHECK ONE: I ATTEND THE GSC AS A PARENT/CAREGIVER _____

I ATTEND AS A REPRESENTATIVE OF AN ORGANIZATION _____

NAME (optional) _____

ORGANIZATIONAL ROLE _____

NAME OF ORGANIZATION _____

Strategic Goals – Outcomes – Components Crosswalk

COLLABORATIVE GOALS 2016 – 2018 Strategic Plan	OFFICE OF GREAT START OUTCOMES	EARLY CHILDHOOD SYSTEM COMPONENTS
<u>Goal 1:</u> Families have access to community-based information and resources they need to maintain a healthy lifestyle beginning prenatally.	1	Healthy Families (Pediatric Health; Social/Emotional Development)
<u>Goal 2:</u> Children with developmental delays or disabilities receive the interventions and continuous support they need to achieve to their highest potential.	2	
<u>Goal 3:</u> Increase community awareness of children’s mental health and parents’ knowledge of child development including social-emotional development, and ensure that all families have access to screenings, referrals, and support and treatment services.	2	
<u>Goal 4:</u> Increase access to affordable, high quality early care and learning options, including opt-in universal preschool, for children ages birth to five.	3	Early Education, Child Vocabulary Development, & Care
<u>Goal 5:</u> Promote policies that encourage economic prosperity for all families: A skilled, capable workforce requires that working parents have places for their children to learn and thrive, or there is support for parents to stay home to care for their children in the early years.	3	Family Support
<u>Goal 6:</u> Promote a collaborative approach to the transition from early care and learning settings to early elementary school so that children are ready to succeed in school and schools are ready to support children’s learning using developmentally appropriate practices in the classroom.	4	Early Education, Child Vocabulary Development, & Care
<u>Goal 7:</u> Continue implementation of 5toONE to achieve the 3 goals of the model: i. Reduce the incidence of child abuse and neglect ii. Increase families’ access to quality childcare iii. Improve children’s kindergarten readiness	1, 2, 3, 4	Parent Leadership

Office of Great Start 4 Outcomes

1. Children born healthy
2. Children healthy, thriving, and developmentally on track from birth to third grade
3. Children developmentally ready to succeed in school at the time of school entry
4. Children prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade

Communications Plan Synopsis:

Overarching Themes & Frames—the HOW

- Strengthening Families (frame)
 - It's All about the Brain, Baby! (theme)
 - Economic Prosperity (theme, frame)
-

Michigan's 4 Outcomes: Every Child Succeeds—the WHY

The GSC is making it possible for the *community* to act—the WHO

- by telling the story
 - sharing the data
 - showing the way
-

Topics & Action Steps—the WHAT

Every story contains two “asks” or action steps for the reader

1. an easy step (personal action)
2. a not so easy step (changing a system)

Story Ideas

- maternal education/student parent
 - scholarships
 - fundraising
- why quality matters
- what is quality?
- understanding the Quality Improvement Rating System
- CARES
- child development/the brain
- gift-giving guide
- literacy partners: ReadAloud.org, etc
- What is Strengthening Families?
 - history
- Great Start for Success Network
- Office of Great Start/state perspectives on EC
- Infant Mental Health--interview IMH trainers 3 times a year
- K-readiness/preK enrollment
- Value of home visiting
- data
- step by step
- Events
 - Parenting Awareness Month (March)
 - Month of the Young Child (April)
 - Training calendar
 - Small Businesses with Big Hearts (Monday before Valentine's Day)
 - Early Childhood-focused public events
 - why Way to Grow is a good model
 - need for a sustainable “business” model

Annual Calendar of GSC/GSP Events

October	Start of the fiscal year Northern Michigan Child Development Conference
November	2 nd Tuesday Executive team 4 th Tuesday GSC/GSP meeting
December	5toONE Annual Gathering
January	2 nd Tuesday Executive team 4 th Tuesday GSC/GSP meeting
February	Small Businesses with Big Hearts Celebration (Monday before Valentine's Day)
March	Parenting Awareness Month/Parenting Conference; 1 st Tuesday Executive team 3 rd or 4 th Tuesday GSC/GSP meeting MiAEYC Annual Conference
April	Month of the Young Child (Michigan)
May	2 nd Tuesday Executive team 4 th Tuesday GSP/GSC meeting
June	
July	
August	Annual document and budget review
September	2 nd Tuesday Executive team September 15 32p application deadline 4 th Tuesday GSC/GSP meeting; fiscal year ends

FOR MORE INFORMATION ABOUT THIS PLAN CONTACT COORDINATOR@GREATSTARTKIDS.COM